

June-12-13 9:13:07 AM

Page 1

## Quality Control

-011 CCHG001 13/7/10

②

2x 7.10.13-07-12

DAS 06 9-89 13/7/18

2

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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June-12-13 9:13:07 AM

Page 2

MLJ 13-07-12

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

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Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
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Training									
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**FAULT CATEGORY**

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# Picklist Print

June-12-13 9:13:06 AM

Page 1

Work Order ID: 102737

Parent Item: DSI 9279-011

Parent Item Name: Strobe Power Supply Relocation

Start Date: 6/11/13

Required Date: 6/11/13

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP B04.02.26Add D3121-141 to Step 3KJ/DS

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
<b>D3246-041</b> Mounting Bracket		Manufactured	No			110	Each	4.0000	1	2		11.10.13-07-12	
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				ST035		4							
				92415		4							
<b>MS27039-1407</b> Screw		Purchased	No			110	Each	238.0000	4	8		11.10.13	
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				ST305		238							
				123522		38							
				125654		200							
<b>NAS1149D0363J</b> Washer		Purchased	No			110	Each	2,158.0000	4	8		11.10.13	
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				FP001		1							
				123248		1							
				ST294		2157							
				122378		63							
				124392		2094							

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



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### FAULT CATEGORY

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# Work Order ID 102737

June-12-13 9:13:07 AM

**\*102737\***

Page 1

Item ID: DSI 9279-011

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Item Name: Strobe Power Supply Relocation

Stop **\*NS2\***

Start Date: 6/11/13 Start Qty: 2.00

**\*2\***

Cust Item ID:

Required Date: 6/11/13 Req'd Qty: 2.00

**\*2\***

Customer:

Reference:

Approvals:

Process Plan: *W*

Date:

Tooling:

Date:

Run Start **\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop **\*NR2\***

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

Draw Nbr

Revision Nbr

D3246

Rev A1

100

0.00

**\*100\***

DOCUMENT CONTROL

DC

Memo *M. 10.*

0.00

*MLJ 13-07-12*

Document Control

Photocopy bluefile and create labels as per PPP DSI 9279-011 CHG001

110

Pick Kit

0.00

**\*110\***

Packaging

Memo

0.00

*2x M. 10. 13-07-12*

Packaging

120

QC4- 100% Inspect kits for completeness

0.00

**\*120\***

QC

Memo

0.00

Quality Control

